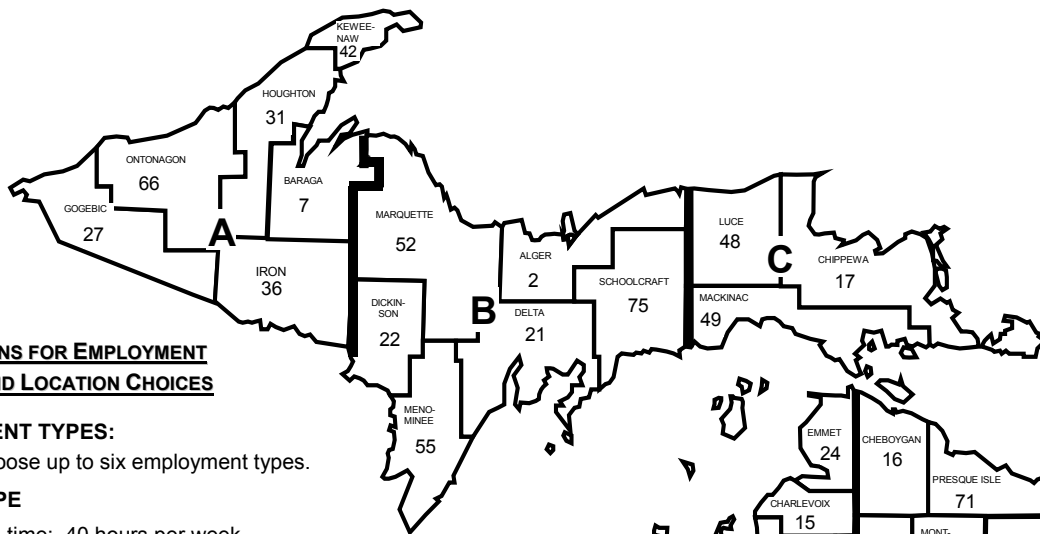


State of Michigan  
DEPARTMENT OF CIVIL SERVICE  
400 South Pine Street, P.O. Box 30002, Lansing, MI 48909

## ADDING NAMES TO APPLICANT POOLS FOR EXAMINATIONS ALREADY TAKEN AND PASSED

**Instructions:** Complete this form to have your name referred for additional classifications covered by examinations **you have already taken and passed**. You must possess the minimum education and experience required for the classifications you request. Please refer to the appropriate Examination Announcement (available on the Web at [www.michigan.gov/mdcs](http://www.michigan.gov/mdcs)) for specific information about the minimum requirements. Attach a copy of your examination result notice, if available.

BIOGRAPHICAL DATA			UPDATE EMPLOYMENT TYPES AND LOCATIONS																																						
EMPLOYEE OR APPLICANT ID NUMBER (Leave blank if you do not know your ID number)		AREA CODE/PHONE NO. (Between 8 a.m. and 5 p.m.)		If you want to change your current availability, complete this section using the information from the reverse side. <b>NOTE:</b> This will change your availability for standard lists. It will not change availability on recall records.  <b>EMPLOYMENT TYPES</b> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> <b>EMPLOYMENT LOCATIONS</b> <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																																					
APPLICANT'S NAME (LAST, FIRST, M.I.)																																									
STREET ADDRESS																																									
CITY		STATE	ZIP CODE																																						
E-MAIL ADDRESS (if available)																																									
<b>CERTIFICATION: Complete the application and read carefully before submitting.</b> <i>By submitting this application and any attachments, the applicant named above certifies to the Department of Civil Service that all information provided is true and accurate and contains no willful falsifications or misrepresentations. Falsifications or misrepresentations may disqualify applicants from consideration for employment with the state of Michigan; or if hired, may be grounds for termination. Previous employers may be contacted for employment verification.</i>																																									
<b>EXAMINATION INFORMATION</b> I have taken and passed the following examinations and wish to have my name referred for vacancies in the additional classifications covered by these examinations:																																									
<u>Examination Number</u>		<u>Examination Title</u>		<u>Last Date You Took the Examination</u>																																					
<input type="checkbox"/> 4081		Corrections Nonprofessional Supervisors		_____																																					
<input type="checkbox"/> 4091		Corrections Resident Services		_____																																					
<input type="checkbox"/> 5029		Administrative Support		_____																																					
<input type="checkbox"/> 9031		Supervisory		_____																																					
<b>JOB INTERESTS — List the specific titles of the additional classifications you wish your name referred for consideration.</b>																																									
_____ _____ _____																																									
<b>QUALIFICATIONS — Check all the boxes below that apply and attach any required documents.</b>																																									
<input type="checkbox"/> I have qualifying work experience from employment with the state of Michigan.				You do not need to attach anything.																																					
<input type="checkbox"/> I have completed additional qualifying education.				Attach a photocopy of your transcript.																																					
<input type="checkbox"/> I have qualifying work experience from employment with other businesses.				Complete and attach the Employment Record section of this form.																																					



# **INSTRUCTIONS FOR EMPLOYMENT TYPES AND LOCATION CHOICES**

## **EMPLOYMENT TYPES:**

You may choose up to six employment types.

## **CODE TYPE**

- AA Full-time: 40 hours per week.
- AB Part-time: Less than 40 hours per week.
- AC Intermittent: Hours vary in each department based on work load.
- AD Limited-term appointment.
- AQ Noncareer appointment: Job lasts less than 90 full-time days in a year with no employee benefits.
- AE Seasonal: Work is limited to part of the year.

## **EMPLOYMENT LOCATIONS (where you are willing to work):**

You may choose up to eighteen employment locations.

Use the map on the right and decide the counties (numbers) or regions (bold letters) in which you will accept an offer of employment. If you pick a region (letter), you will be considered for all counties or locations in that region.

You may choose a combination of counties and regions.

## **EXAMPLE**

In this example, the applicant has selected employment type Codes AA, AB, and AE; Regions S and T; and Counties 80, 39, 13, 38, 81, and 37. This applicant would be referred for any full-time, part-time, or seasonal jobs in the counties and regions selected.

EMPLOYMENT TYPES					
AA	AB	AE			

EMPLOYMENT LOCATIONS							
S	T	80	39	13	38	81	37

## **INSTRUCTIONS:**

- Complete page 1.
- Attach any required documents.
- Make a copy for your records.
- SEND OR TAKE** your completed application to either of the following Department of Civil Service offices:

## **Lansing Office**

Capitol Commons Center  
400 South Pine Street  
PO Box 30002  
Lansing, MI 48909  
(517) 373-3030  
(517) 335-0191 (TDD Only)\*

## **Detroit Regional Office**

Cadillac Place  
4<sup>th</sup> Floor — Suite 4-400  
3042 West Grand Boulevard  
Detroit, MI 48202  
(313) 456-4400  
(313) 456-4409 (TDD Only)\*

Outside Lansing or Detroit, call 1-800-788-1766.

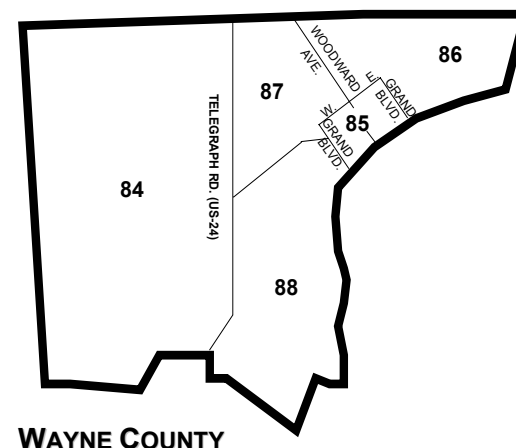
If you have questions about completing this application or would like to obtain Examination Announcements, please contact either of the Department of Civil Service offices listed above.

\*Telephone Device for the Deaf

**NOTE:** For additional information on state government jobs, visit our Web site at [www.michigan.gov/mdcs](http://www.michigan.gov/mdcs).

## **R = WAYNE COUNTY (DETROIT AREA)**

IF YOU ARE NOT AVAILABLE FOR ALL OF WAYNE COUNTY, YOU MAY SELECT CERTAIN AREAS OF THE COUNTY BY USING THE NUMBERS FROM THE MAP BELOW.



**WAYNE COUNTY**

## EMPLOYMENT RECORD

Please list below **ALL** of your work experience, starting with your most recent employment and working backwards. Provide a detailed description of regularly assigned, ongoing duties for each job, **including percentage of time spent on each duty**. Attach additional sheets if necessary.

EMPLOYER	JOB TITLE		
STREET ADDRESS	CITY	STATE	ZIP CODE
DATE OF EMPLOYMENT (MONTH/DAY/YEAR) FROM _____ TO _____	AVERAGE HOURS PER WEEK	NUMBER OF EMPLOYEES YOU SUPERVISED	
SUPERVISOR'S NAME		TELEPHONE NUMBER	

PERCENTAGE	DESCRIPTION OF YOUR DUTIES
------------	----------------------------

[illegible]

EMPLOYER	JOB TITLE		
STREET ADDRESS	CITY	STATE	ZIP CODE
DATE OF EMPLOYMENT (MONTH/DAY/YEAR) FROM _____ TO _____	AVERAGE HOURS PER WEEK	NUMBER OF EMPLOYEES YOU SUPERVISED	
SUPERVISOR'S NAME		TELEPHONE NUMBER	

PERCENTAGE	DESCRIPTION OF YOUR DUTIES
------------	----------------------------

[illegible]

**EMPLOYMENT RECORD**

Employment in the Michigan classified service will be verified by reviewing your current position description and payroll record.

Please list below **ALL** of your work experience, starting with your most recent employment and working backwards. Provide a detailed description of regularly assigned, ongoing duties for each job, **including percentage of time spent on each duty**. Attach additional sheets if necessary.

<b>EMPLOYER</b>		<b>JOB TITLE</b>	
<b>STREET ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>DATE OF EMPLOYMENT (MONTH/DAY/YEAR)</b> FROM _____ TO _____		<b>AVERAGE HOURS PER WEEK</b>	<b>NUMBER OF EMPLOYEES YOU SUPERVISED</b>
<b>SUPERVISOR'S NAME</b>			<b>TELEPHONE NUMBER</b>

**DESCRIPTION OF YOUR DUTIES AND THE PERCENTAGE OF TIME SPENT EACH WEEK AT EACH DUTY**

<b>PERCENTAGE</b>	<b>DESCRIPTION OF YOUR DUTIES</b>
%	
%	
%	
%	
%	
%	
%	
%	
%	
<b>100%</b>	

<b>EMPLOYER</b>		<b>JOB TITLE</b>	
<b>STREET ADDRESS</b>	<b>CITY</b>	<b>STATE</b>	<b>ZIP CODE</b>
<b>DATE OF EMPLOYMENT (MONTH/DAY/YEAR)</b> FROM _____ TO _____		<b>AVERAGE HOURS PER WEEK</b>	<b>NUMBER OF EMPLOYEES YOU SUPERVISED</b>
<b>SUPERVISOR'S NAME</b>			<b>TELEPHONE NUMBER</b>

**DESCRIPTION OF YOUR DUTIES AND THE PERCENTAGE OF TIME SPENT EACH WEEK AT EACH DUTY**

<b>PERCENTAGE</b>	<b>DESCRIPTION OF YOUR DUTIES</b>
%	
%	
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<b>100%</b>	